

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041225

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 6091 Registrar's No. 65

FILED OCT 18 1962

VS 300  
Rev. 4/59

6970

24003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saltpond Township</u>		c. CITY OR TOWN <u>Kirkwood, 22, Missouri</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>enroute To Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1037 North Drive</u>	
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>L.</u> Last <u>Alton, Jr.</u>		4. DATE OF DEATH Month <u>October</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-8-1944</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	
13a. FATHER'S NAME <u>Oliver L. Alton, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Madonne Trefny</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>4</u>	
17. INFORMANT <u>Oliver L. Alton, Jr.</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed skull and chest.</u> DUE TO (b) <u>Multiple fractures &amp; lacerations</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head in collision</u>	
20c. TIME OF INJURY Hour <u>10:15</u> p.m. Month <u>10</u> Day <u>13</u> Year <u>62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Mary's Co.</u>		20f. CITY, TOWN, OR LOCATION <u>Salt Pond</u>	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at <u>10:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		20g. COUNTY <u>Saline</u> STATE <u>MO</u>	
22a. SIGNATURE <u>C. L. Mosley M.D.</u>		22b. ADDRESS <u>Pronger Saline, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 14, 1962</u>	
24. FUNERAL DIRECTOR <u>C. L. Mosley, Sweet Springs, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 14, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>		22c. DATE SIGNED <u>10-14-62</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 25 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edgar L Moseley*

Licensed Embalmer No. 4711

P. O. Address Sweet Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Removal Permit issued on 10/19/1962